

## **Table of Contents**

**State/Territory Name: MD**

**State Plan Amendment (SPA) #: 23-0010**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

# MD - Submission Package - MD2023MS00050 - (MD-23-0010) - Eligibility

Summary   Reviewable Units   Versions   Correspondence Log   Analyst Notes   Review Assessment Report   **Approval Letter**   Transaction Logs

News   Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Medicaid and CHIP Operations Group  
601 E. 12th St., Room 355  
Kansas City, MO 64106



## Center for Medicaid & CHIP Services

October 03, 2023

Ryan Moran, DrPH, MHSA  
Deputy Secretary of Health  
Maryland Department of Health, Office of Health Care Financing  
201 West Preston Street  
Baltimore, MD 21201

Re: Approval of State Plan Amendment MD-23-0010

Dear Ryan Moran,

On July 10, 2023, the Centers for Medicare and Medicaid Services (CMS) received Maryland State Plan Amendment (SPA) MD-23-0010, in which the state proposed to expand the eligibility rules for its working disability group and modify the premium requirements for the group.

We approve Maryland State Plan Amendment (SPA) MD-23-0010 with an effective date(s) of January 01, 2024.

If you have any questions regarding this amendment, please contact Talbatha Myatt at talbatha.myatt@cms.hhs.gov.

Sincerely,  
James G. Scott  
Director Division of Program Operations  
Center for Medicaid & CHIP Services

# MD - Submission Package - MD2023MS0005O - (MD-23-0010) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Review Assessment Report](#) [Approval Letter](#) [Transaction Logs](#)

[News](#) [Related Actions](#)

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MD2023MS0005O | MD-23-0010

CMS-10434 OMB 0938-1188

### Package Header

<b>Package ID</b>	MD2023MS0005O	<b>SPA ID</b>	MD-23-0010
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	7/10/2023
<b>Approval Date</b>	10/03/2023	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### State Information

**State/Territory Name:** Maryland

**Medicaid Agency Name:** Maryland Department of Health, Office of Health Care Financing

### Submission Component

- State Plan Amendment
- Medicaid
- CHIP

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MD2023MS0005O | MD-23-0010

### Package Header

**Package ID** MD2023MS0005O  
**Submission Type** Official  
**Approval Date** 10/03/2023  
**Superseded SPA ID** N/A

**SPA ID** MD-23-0010  
**Initial Submission Date** 7/10/2023  
**Effective Date** N/A

### SPA ID and Effective Date

**SPA ID** MD-23-0010

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability	1/1/2024	MD-18-0005
Non-MAGI Methodologies	1/1/2024	NEW
Optional Eligibility Groups	1/1/2024	MD-20-0002
Ticket to Work Basic	1/1/2024	MD-09-03,12-06, 02-09

**Page Number of the Superseded Plan Section or Attachment (If Applicable):**

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MD2023MS00050 | MD-23-0010

### Package Header

<b>Package ID</b>	MD2023MS00050	<b>SPA ID</b>	MD-23-0010
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	7/10/2023
<b>Approval Date</b>	10/03/2023	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** This SPA expands the eligibility population for Employed Individuals with Disabilities by removing the income standard; it also alters the application of the resource standard and adds independence accounts that a participant may designate and have disregarded from resources. Additionally, it establishes three new premium tiers for higher-income participants.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$1738990
Second	2025	\$579663

#### Federal Statute / Regulation Citation

1902(a)(10)(A)(ii)(XV)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MD2023MS00050 | MD-23-0010

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<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	7/10/2023
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<b>Superseded SPA ID</b>	N/A		

### Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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# MD - Submission Package - MD2023MS0005O - (MD-23-0010) - Eligibility

[Summary](#)
[Reviewable Units](#)
[Versions](#)
[Correspondence Log](#)
[Analyst Notes](#)
[Review Assessment Report](#)
[Approval Letter](#)
[Transaction Logs](#)

[News](#)
[Related Actions](#)

## Medicaid State Plan Eligibility

### Income/Resource Methodologies

#### Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | MD2023MS0005O | MD-23-0010

CMS-10434 OMB 0938-1188

#### Package Header

<b>Package ID</b>	MD2023MS0005O	<b>SPA ID</b>	MD-23-0010
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	7/10/2023
<b>Approval Date</b>	10/03/2023	<b>Effective Date</b>	1/1/2024
<b>Superseded SPA ID</b>	MD-18-0005		
	System-Derived		

#### A. Eligibility Determinations of Individuals Who Are Age 65 or Older or Who Have Blindness or a Disability

Eligibility determinations of individuals who are age 65 or older or who have blindness or a disability are based on one of the following:

1. SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

2. State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

3. State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

#### B. Additional information (optional)

n/a

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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# MD - Submission Package - MD2023MS0005O - (MD-23-0010) - Eligibility

Summary   Reviewable Units   Versions   Correspondence Log   Analyst Notes   Review Assessment Report   Approval Letter   Transaction Logs

News   **Related Actions**

## Medicaid State Plan Eligibility

### Income/Resource Methodologies

#### Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | MD2023MS0005O | MD-23-0010

CMS-10434 OMB 0938-1188

#### Package Header

<b>Package ID</b>	MD2023MS0005O	<b>SPA ID</b>	MD-23-0010
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	7/10/2023
<b>Approval Date</b>	10/03/2023	<b>Effective Date</b>	<u>1/1/2024</u>
<b>Superseded SPA ID</b>	NEW		
	User-Entered		

The state will apply the methodologies as described below, and consistent with 42 CFR 435.601, 435.602, and 435.831.

#### A. Basic Financial Methodology

1. The state applies the income and resource methodologies of the SSI program when determining eligibility for a population based on age (65 or older) or having blindness or a disability, with the exceptions described below in B. through G.
2. The state applies the financial methodologies of either the SSI program or the AFDC program in effect as of July 16, 1996 (whichever is most closely related) when determining eligibility for a population based on age (as a child), pregnancy, or status as a caretaker relative, with the exceptions described below in B. through G.

#### B. Use of Less Restrictive Methodologies

1. The state elects to apply income and/or resources methodologies that are less restrictive than those used under the cash assistance programs, in accordance with 42 CFR 435.601(d).

- Yes  
 No

2. The less restrictive income and resource methodologies are described on the RU for each applicable eligibility group.



# Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | MD2023MS00050 | MD-23-0010

## Package Header

<b>Package ID</b>	MD2023MS00050	<b>SPA ID</b>	MD-23-0010
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	7/10/2023
<b>Approval Date</b>	10/03/2023	<b>Effective Date</b>	1/1/2024
<b>Superseded SPA ID</b>	NEW		
	User-Entered		

## C. Financial Responsibility of Relatives

1. In determining financial eligibility for an individual, the state does not include income and resources from anyone other than the individual's spouse, and for individuals under age 21 or who have blindness or disability, the individual's parent.

a. The state includes the income and resources of a spouse or parent only when they are living with the individual in the same household, except as follows:

i. In the case of spouses who are age 65 or older or who have blindness or disability and who share the same room in a Medicaid institution, the state:

- (1) Considers these couples either as living together or as living separately for the purpose of counting income and resources, whichever is more advantageous to the couple.
- (2) Considers these couples as living separately for the purpose of counting income and resources.

ii. Where applicable, the state determines income and resource eligibility consistent with the spousal impoverishment rules of section 1924 of the Act, as described in the Resource Assessment and Eligibility reviewable unit.

b. In the case of individuals under age 21 for whom AFDC is the most closely related cash assistance program, the income and resources of parents and spouses are included only if the individual would have been considered a dependent under the state's approved AFDC state plan in effect as of July 16, 1996.

# Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | MD2023MS00050 | MD-23-0010

## Package Header

<b>Package ID</b>	MD2023MS00050	<b>SPA ID</b>	MD-23-0010
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	7/10/2023
<b>Approval Date</b>	10/03/2023	<b>Effective Date</b>	1/1/2024
<b>Superseded SPA ID</b>	NEW		
	User-Entered		

## D. Family Size

1. The family size of an individual for whom the SSI income and resource methodologies are used (as described in section A) includes the persons identified below:

- a. The individual applying, or
- b. If the individual lives together with his or her spouse, the individual applying and the spouse, or
- c. If the individual lives together with his or her parent(s) and the individual is under 21 or has blindness or a disability, the individual applying and the parent(s).

2. The family size of an individual for whom the AFDC income and resource methodologies are used (as described in section A.), includes the persons who would have been included in the family under the state's July 16, 1996 AFDC state plan, except where the state has elected to use the MAGI-like methodologies (as described in section E).

3. The state defines family size for one or more of the following FPL eligibility groups to include others beyond those identified in D.1. and D.2.

- Yes
- No

## Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | MD2023MS00050 | MD-23-0010

### Package Header

<b>Package ID</b>	MD2023MS00050	<b>SPA ID</b>	MD-23-0010
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	7/10/2023
<b>Approval Date</b>	10/03/2023	<b>Effective Date</b>	1/1/2024
<b>Superseded SPA ID</b>	NEW		
	User-Entered		

### E. Use of MAGI-like Methodologies

1. The state uses MAGI-like methodologies for one or more populations for whom the most closely related cash assistance program would be the AFDC program in effect as of July 16, 1996.

- Yes
- No

# Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | MD2023MS0005O | MD-23-0010

## Package Header

<b>Package ID</b>	MD2023MS0005O	<b>SPA ID</b>	MD-23-0010
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	7/10/2023
<b>Approval Date</b>	10/03/2023	<b>Effective Date</b>	1/1/2024
<b>Superseded SPA ID</b>	NEW		
	User-Entered		

## F. Countable Income Deductions for the Medically Needy

In determining countable income for individuals who are age 65 or older or who have blindness or a disability, the state deducts:

1. Amounts that would be deducted in determining eligibility under SSI.
2. The highest amounts that would be deducted in determining eligibility for optional state supplements if these supplements are paid to all individuals who are receiving SSI or would be eligible for SSI except for their income.

## Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | MD2023MS00050 | MD-23-0010

### Package Header

<b>Package ID</b>	MD2023MS00050	<b>SPA ID</b>	MD-23-0010
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	7/10/2023
<b>Approval Date</b>	10/03/2023	<b>Effective Date</b>	1/1/2024
<b>Superseded SPA ID</b>	NEW		
	User-Entered		

### G. Additional Information (optional)

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*This view was generated on 12/12/2023 5:54 PM EST*

# MD - Submission Package - MD2023MS0005O - (MD-23-0010) - Eligibility

[Summary](#)
[Reviewable Units](#)
[Versions](#)
[Correspondence Log](#)
[Analyst Notes](#)
[Review Assessment Report](#)
[Approval Letter](#)
[Transaction Logs](#)

[News](#)
[Related Actions](#)

## Medicaid State Plan Eligibility

### Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MD2023MS0005O | MD-23-0010

CMS-10434 OMB 0938-1188

### Package Header

<b>Package ID</b>	MD2023MS0005O	<b>SPA ID</b>	MD-23-0010
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	7/10/2023
<b>Approval Date</b>	10/03/2023	<b>Effective Date</b>	<a href="#">1/1/2024</a>
<b>Superseded SPA ID</b>	MD-20-0002		
	System-Derived		

### A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

Yes
  No


















The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Coverage					

**Aged, Blind and Disabled**

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Individuals Eligible for but Not Receiving Cash Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

# Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MD2023MS00050 | MD-23-0010

## Package Header

<b>Package ID</b>	MD2023MS00050	<b>SPA ID</b>	MD-23-0010
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	7/10/2023
<b>Approval Date</b>	10/03/2023	<b>Effective Date</b>	1/1/2024
<b>Superseded SPA ID</b>	MD-20-0002		
	System-Derived		

## B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes  No

The medically needy eligibility groups covered in the state plan are:

### 1. Mandatory Medically Needy:

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Children under Age 18		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Protected Medically Needy Individuals Who Were Eligible in 1973		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

### 2. Optional Medically Needy:

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Populations Based on Age, Blindness or Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW



## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MD2023MS0005O | MD-23-0010

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<b>Package ID</b>	MD2023MS0005O	<b>SPA ID</b>	MD-23-0010
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	7/10/2023
<b>Approval Date</b>	10/03/2023	<b>Effective Date</b>	1/1/2024
<b>Superseded SPA ID</b>	MD-20-0002		
	System-Derived		

### C. Additional Information (optional)

#### Eligibility Groups Deselected from Coverage

**The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:**

- N/A

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[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Review Assessment Report](#) [Approval Letter](#) [Transaction Logs](#)

[News](#) [Related Actions](#)

## Medicaid State Plan Eligibility

### Eligibility Groups - Options for Coverage

#### Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | MD2023MS0005O | MD-23-0010

Individuals between ages 16 and 64 with a disability, who have earned income.

CMS-10434 OMB 0938-1188

#### Package Header

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<b>Superseded SPA ID</b>	MD-09-03,12-06, 02-09		
	User-Entered		

The state covers the optional Ticket to Work basic eligibility group in accordance with the following provisions:

# Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | MD2023MS00050 | MD-23-0010

## Package Header

<b>Package ID</b>	MD2023MS00050	<b>SPA ID</b>	MD-23-0010
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	7/10/2023
<b>Approval Date</b>	10/03/2023	<b>Effective Date</b>	1/1/2024
<b>Superseded SPA ID</b>	MD-09-03,12-06, 02-09		
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## A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are at least age 16 but less than 65 years of age.
2. Have earned income.
3. But for earned income, meet the SSI definition of disability.
4. Have income and resources that do not exceed the standards established by the state.

# Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | MD2023MS00050 | MD-23-0010

## Package Header

<b>Package ID</b>	MD2023MS00050	<b>SPA ID</b>	MD-23-0010
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## B. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

### 2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

- All income is disregarded. No income test is applied.

### 3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

- Resources from household members are disregarded.

- Resources of the spouse are disregarded.

**Description:** Spousal resources do not impact an individual's eligibility.

- The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

- Resources set aside for retirement

- Individual Retirement Accounts (IRA)

**Description:** IRAs

- Tax exempt accounts - 401(k) and/or 403(b)

**Description:** 401(k) retirement account; 403(b) retirement account

- Resources set aside in Independence/Freedom accounts

**Description:** Resources set aside in Independence/Freedom accounts are disregarded. Working individuals with disabilities eligible for assistance under section 1902(a)(10)(A)(ii)(XV) of the Act who wish to increase their personal resources for purposes of their pursuit of personal or financial independence, while maintaining eligibility for Medicaid, shall establish one or more Independence Accounts. An individual participating in Employed Individuals with Disabilities (EID) program must be sole owner of an Independence Account. The individual shall register any Independence Account with Medicaid. The individual shall report any change to the account number or institution. For all registered Independence Accounts, the date of account creation may be no earlier than the date the individual is determined eligible for Medicaid in the EID program. All contributions to the individual's Independence Accounts, including interest, dividends, or other gains from the principal, shall be treated as an exempt resource for purposes of determining EID eligibility. Medicaid shall assess Independence Accounts as

part of the verification process at application and redetermination, including verifying all contributions to the individual's Independence Account(s) with the financial institution holding the account(s). The disregard for an EID participant's retirement account(s) is distinct from the Independence Account(s).

Specified types of accounts:

Name of account:	Description:
Pension accounts	Pension plan; Keogh plan; other retirement arrangements recognized by the IRS

The following less restrictive methodologies are used:

Name of methodology:	Description:
All SSI-related groups	<ol style="list-style-type: none"> <li>1. Any vehicle regardless of value is excluded as a countable resource, except for airplanes, recreational vehicles, boats and their trailers, and antique cars which are not the assistance unit's primary vehicle.</li> <li>2. Exclude income-producing property as a countable resource if it annually produces income consistent with the fair market value.</li> <li>3. All funds in Individual Development Accounts ("IDA accounts") funded under the Assets for Independence Act are excluded</li> </ol>
EID - Resource Disregard	<p>An individual's resources are considered for initial eligibility determination and at redetermination.</p> <p>Resource Standards. For an applicant or recipient to be eligible for Medical Assistance benefits under the Employed Individuals with Disabilities program, the countable resources attributable to the applicant or recipient may not exceed \$10,000.</p>

# Ticket to Work Basic

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## Package Header

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## C. Income Standard Used

The income standard for this group is:

- 1. No income standard
- 2. A percentage of the federal poverty level:
- 3. A percentage of the SSI Federal Benefit Rate:
- 4. A dollar amount
- 5. Other

# Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | MD2023MS00050 | MD-23-0010

## Package Header

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## D. Resource Standard Used

The resource standard for this group is:

- 1. No resource standard
- 2. SSI resource standard
- 4. A dollar amount higher than the SSI resource standard

**Single Individual** \$10000.00

**Couple** \$10000.00

# Ticket to Work Basic

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## E. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.



# Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | MD2023MS00050 | MD-23-0010

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## F. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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